2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 01, 2002 8:00 am Secretary of State

DOCUMENT # 745725 1. Entity Name				Secretary of State 04-01-2002 90165 003 ****61.25				
GIFFOR	D LANE CONDOMINIUM, INC				2002 90103 003	01.25		
Principal Plac	ce of Business	Mailing Address		_				
3076 GIFFORD LN COCONUT-GROVE FL 33133		3076 GIFFORD LN COCONUT GROVE FL 33133						
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2. Principal Place of Business		3. Mailing Address		I STORT HAME BURN BURN TOOM HERD HERD THE THEFT THE HAME HAME BURN BURN BURN				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of St	atus Desired 🗇 💲	B.75 Add	itional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Ag		·	
		-	Name					
EMBERSON, HARRY C.		Street Address		ss (P.O. Box Number is I	(P.O. Box Number is Not Acceptable)			
3076 GIFF	ford in Tigrove FL 33133						- ,-	
COCOND	T GROVE FE SO 100		City		FL	Zip Code	•	
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or both, in	the state of Florida.			
					•		}	
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)	DATE		 }	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)				
	FILE NOW: FEE \$61.25	·	npaign Financing	\$5.00 May Be Added to Fees	Make Check I Department			
10.	FILE NOW: FEE \$61.25	9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make Check I	of State		
10.	FILE NOW: FEE \$61.25 OFFICERS AND DI	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check I Department	of State		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #